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ABSTRACT

The "Flexner Report" of 1910, which described 155 U.S. and Canadian medical schools, is discussed, along with its influence on later studies of academic quality. Scholars almost universally agree that the Flexner Report dramatically changed the nature of medical education in the United States, although they disagree about how this happened. In addition to information on medical school finance, enrollments, and learning environments, Flexner listed all schools by state (province). For each school, he briefly described entrance requirements, teaching staff, income, laboratory facilities, and clinical facilities. He also described medical education in general for most of the states and suggested improvements. Flexner obtained most of his information by personally inspecting the medical schools. He was perhaps more blunt than anyone has been, before or since, in a report on colleges intended for the general public. Flexner later wrote several other comparative studies of universities. In addition, at least two studies published much later by the Carnegie Foundation for the Advancement of Teaching followed the format of the Flexner Study very closely. Another successor to the Flexner Report was a large work published by the U.S. Bureau of Education. (SW)

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The Flexner Report of 1910 and its Influence on Later Studies of Academic Quality

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The Flexner Report of 1910 and its Influence on Later Studies of Academic Quality

The Flexner Report of 1910[1] was not an academic quality ranking as such. Though Flexner described each of the 155 medical schools then existing in the United States and Canada, he never ranked them, nor did he even stratify them into classes of excellence. Still, more than 70 years after its publication, it remains one of the most well-known and most influential studies of academic quality ever written. It is well-known in the sense that, more than 70 years after its publication, it is not only invoked frequently at meetings on the subject of medical education but is still the subject of much serious scholar-

ly analysis.

And it has been influential in at least two ways. First, it inspired several successor reports that followed it very closely in format and method. Some of these were sponsored by the Carnegie Foundation; others were not. I will discuss some of these reports later in this paper. Second, and more important, scholars almost universally agree that the Flexner Report dramatically changed the nature of medical education in the United States, although they disagree about how it changed it and about how beneficial to society these changes were.

For many years Flexner was portrayed as a giant whose 1910 Report, all by itself, had caused the closing of many medical schools and brought about sweeping reforms in American medical education.[2] More recently, his influence, although still regarded as considerable, is not generally thought to have been quite that great. The reform of American medical education, it has been pointed out by many, had been occurring on many fronts since at least the last third of the 19th century.[3] Even Flexner himself, in his 1910 Report, acknowledged that in recent years American medical education had improved.[4]

Not only had medical education as a whole been improving, but medical schools had been closing at a rapid rate even before Flexner published his Report. As one recent writer has said:

> Flexner's report thus aided a process already underway. The rate of consolidation and elimination of medical schools was as rapid before the report as after. Before 1904 and 1915 some ninety-two schools closed their doors or merged, forty-four of them in the first six years to 1909 and forty-eight in the second six years to 1915.

Recently, it has even been argued that the Flexner Report, far from being a document that resulted in progressive reform, was primarily one that worked to protect the interests of America's capitalist class and to change medical education from something to which most people had reasonable access to something restricted to the financially well-off.

> The support of the Flexner Report by the AMA can best be seen as an attempt to attain and maintain ideological hegemony over the other sects of medicine that were still extant at the time. In addition, the role of the AMA in the implementation of the recommendations of the Report was to solidify the alliance between the capitalist class and the AMA . . . . [the report] succeeded in limiting the class composition of medical practice by restricting entry to the medical field to only those individuals who could afford four years of college and four years of medical school (i.e. essentially upper middle class white men).[6]

Still, although the Flexner Report is not today generally seen as responsible, all by itself, for the closing of dozens of American medical schools, and though the reform of medical education was occurring even as he wrote it, his book has still been one of the most influential reports ever published on the quality of professional school or, for that matter, any type of education.

The economist Reuben A. Kessel wrote, "if impact on public policy is the criterion of importance, the Flexner report must be regarded as one of the most important reports ever written."[7]

The story of how Flexner was asked by the Carnegie Foundation for the Advancement of Teaching to write his study of American medical schools has been told many times and will not be repeated here.[8] At the time, he was virtually unknown. Although he had published a book, The American College: A Criticism, it had been "a commercial failure, and a critical failure as well."[9] Flexner was not even a physician, and he initially thought that the CFAT was confusing him with his brother, Simon Flexner, who was a medical doctor. But the CFAT wanted someone who was not a physician and could therefore not be accused of serving his own self-interest or trying to advance the interest of one or another of the competing medical sects. (In engaging Flexner, its reasoning was similar to that of the United States Bureau of Education, a few years later, which chose Kendric Babcock, who was not then associated with any college or university, to make a classification of American colleges and universities).

The famous Report of 1910 actually had four parts. First was a long introduction by Henry S. Pritchett, President of the Carnegie Foundation for the Advancement of Teaching. In it, he summarized Flexner's major find-

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ings, defended Flexner's whirlwind visits as an appropriate method for judging the quality of medical schools,[10] called, as did Flexner, for a sharp reduction in both the number of physicians and the number of medical schools, and voiced the hope that "this report will make plain once for all that the day of the commercial medical school has passed" (p. xvi).

Flexner's own material was divided into three sections. First came a long essay sketching the history of medical education in the United States. It described the conditions that pertained in medical schools during the first two years of study, which were largely devoted to lectures and laboratory work and during the second two years, which were largely devoted to clinical study. It also discussed the income and expenditures of medical schools.[11] This essay also included brief sections on the medical "sects" of the era and their medical schools; the state boards; and the medical education of women and Negroes. And the Report ended with an appendix showing, for each of the 155 medical schools in the United States and Canada, its number of faculty members, student enrollment, annual income from fees, and annual operating budget.

But the part that caused most of the furor and did the most to change the course of American medical education was the section between the introductory essay and the appendix. In it, Flexner listed all the medical

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schools in the United States and Canada, state by state (and Canadian province by province) and school by school. For each school, he briefly described its entrance requirements, teaching staff, income, laboratory facilities, and clinical facilities. For most states, after his description of each of its medical schools, he ended with a section titled "general considerations," in which he described, often caustically, medical education in general in that state and suggested what he thought should be done to improve it. In these "general considerations," Flexner pulled no punches, any more than he did in his descriptions of individual schools, as the following passages illustrate:

About the state of Arkansas:

> Both the Arkansas schools are local institutions in a state that has at this date three times as many doctors as it needs; neither has a single redeeming feature. It is incredible that the state university should permit its name to shelter one of them (p. 188).

About Oregon:

> Neither of these schools has either resources or ideals; there is no justification for their existence. The entire coast is oversupplied with doctors by immigration; unless something better can be made than can be thus readily obtained, the state will do well to let the field lie fallow (p. 292).

And about Illinois:

> The city of Chicago is in respect to medical education the plague spot of the country . . . . Of the fourteen undergraduate medical schools . . . described, the majority exist and prepare

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> candidates for the Illinois state board examinations in unmistakable contravention of the law and the state board rules (p. 216).

The following are some important features of the Flexner Report from the standpoint of the history of academic quality rankings and some of the important aspects of Flexner's methodology.

First, Flexner obtained most of his information by personally inspecting the medical schools. Visiting the schools one was judging was a common practice of early people and groups that wished to ascertain the quality of these schools. The Council on Medical Education visited all medical schools in the United States for the purpose of classifying them by quality shortly after the Council was organized in 1904; officials of the Carnegie Foundation for the Advancement of Teaching personally inspected each school before accepting it into the Foundation's pension program; and the Association of Collegiate Alumnae visited schools before admitting them to membership. As early as 1902, a representative of the American Osteopathic Association's committee on education had inspected all osteopathic colleges before reporting on them.[12] These practices were in sharp contrast to most recent studies ranking colleges and universities, in which researchers have generally used already existing information (the faculty's number of publications, the number of volumes in the library, the number and/or percentage of eminent graduates,

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for example) or have relied on groups of experts to rank these schools according to their reputation, but have generally not attempted to visit all, or even some, of the schools they ranked.

Second, Flexner "covered," in his study, every medical school then extant in the United States and Canada, including very marginal ones and those sponsored by medical sects. This practice was in sharp contrast to that of most recent studies, which generally attempt to rank only the top few dozen schools in a discipline, or in some cases only the top five or ten.[13]

Third, Flexner visited his schools at a whirlwind pace. His inspections of schools, most or all of them in the company of N.P. Colwell, Secretary of the Council on Medical Education, generally lasted only a few hours. In his autobiography, he quoted with approval the remark of Frederick T. Gates, long time Chairman of the General Education Board, that "you don't need to eat a whole sheep to know it's tainted."[14]

Flexner was very forthright about the speed with which he conducted these visits:

> In half an hour or less I could sample the credentials of students filed in the dean's office . . . . A few inquiries made clear whether the faculty was composed of local doctors . . . . [15] A single question elicited the income of the medical school . . . . A stroll through the laboratories disclosed the presence or absence of apparatus . . . . Finally, the situation as respects clinical

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> facilities was readily clarified by a few questions . . . . In the course of a few hours a reliable estimate could be made respecting the possibilities of teaching modern medicine in almost any one of the 155 schools I visited in the United States and Canada.[16]

Throughout his life, Flexner, an inveterate visitor of college, university, and medical school campuses in the United States and Europe, greatly preferred personal inspections to information elicited by survey research or already-existing records. In his biography, he described as follows the habits of two of his colleagues on the General Eudcation Board, where Flexner worked for many years, on a trip to southern black colleges and state departments of education:

> Dr. Buttrick and Dr. Sage had been in the habit of pursuing the same method that I had pursued in the study of medical schools. They came to few conclusions on the basis of correspondence and reports. They went and saw for themselves, precisely as I had done. They never made use of a questionnaire, because they knew instinctively that no two persons interpret a questionnaire in the same way and that no questionnaire, however elaborately or carefully drawn, could elicit the information that a keen eye could discern. I readily fell in love with their way of doing things.[17]

Relying, as he did, mostly on the data at hand and on what he could see in his whirlwind inspections, Flexner probably over-emphasized some aspects of the schools he visited and under-emphasized others. He paid a great deal of attention to these schools' physical facilities, their bricks and mortar and the equipment they owned, since

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these were easily observed. And he placed much emphasis on their entrance requirements, both their stated requirements and their actual ones, as evidenced by the records of the students they had enrolled.[18]

Here, in his own words, are the things that Flexner looked for. Although nowhere in his 1910 Report did he explicitly describe them, he did enumerate them in his later autobiographies, as follows:

> First, the entrance requirements. What were they? Were they enforced?
> Second, the size and training of the faculty.
> Third, the sum available from endowment and fees for the support of the institution, and what became of it.
> Fourth, the quality and adequacy of the laboratories provided for the instruction of the first two years and the qualifications and training of the teachers of the so-called pre-clinical branches.
> Fifth and finally, the relations between medical school and hospitals, including particularly freedom of access to beds and freedom in the appointment by the school of the hospital physicians and surgeons who automatically should become clinical teachers.[19]

Focusing as he did on medical education, Flexner paid almost no attention to the quality and quantity of the faculty's research at the schools he visited. The faculty at the majority of the institutions he visited, of course, had little or no research to report, but in the case of those schools whose faculty members did perform research -- Johns Hopkins, Harvard, and Western Reserve, for example -- he was virtually silent about it.[20]

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And he paid very little attention to the actual quality of the teaching at these schools, contenting himself with inspecting and reporting on the classrooms, the laboratory and clinical facilities, the faculty members' credentials, and whether or not they were employed full-time by their school. If, in the midst of the wretched physical conditions he found at many schools, competent teaching somehow took place, if many of these schools' graduates somehow turned out to be caring, skillful physicians, Flexner would have been nearly oblivious to these facts.[21]

Fourth, Flexner was perhaps more blunt, even brutal, than anyone has been, before or since, in a report on colleges and universities intended for the general public -- as opposed to one meant to be disclosed to only a few people -- about the deficiencies of individual schools. Some examples of his opinions are as follows:

> About the St. Louis College of Physicians and Surgeons:
>
> The school occupies a badly kept building, the inner walls covered with huge advertisements . . . . there is a make-believe laboratory for experimental physiology . . . . Anatomy was "over" -- only empty tables were found in the dissecting-room, the sole access to which is by way of a fire-escape . . . . A small, poorly lighted, badly ventilated, and overcrowded hospital is part of the school building . . . . The school is one of the worst in the country.[22]

The St. Louis College of Physicians and Surgeons sued Flexner, as a result of these and other comments, for

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$150,000 on the grounds of libel, but the case "was dismissed for want of prosecution."[23]

About the Still College of Osteopathy, Des Moines, Iowa:

> [The laboratory facilities] are mainly limited to signs. "Anatomy" is painted prominently on a door which, on being opened, reveals an amphitheater; "Physiology" on a door which, on being opened, reveals a class-room with an almost empty bookcase, but no laboratory equipment; the key to "Histology" could not be found; "Chemistry" proved to be a disorderly elementary laboratory with some slight outfit for bacteriology besides . . . . Everything about the school indicates that it is a business. One is therefore not surprised to find the following advertisement in the local newspaper: "Have your case diagnosed at Still College of Osteopathy, 1442 Locust Street."[24]

About the California Medical College at Oakland:

> The school occupies a few neglected rooms on the second floor of a fifty-foot frame building. Its so-called equipment is dirty and disorderly beyond description. Its outfit in anatomy consists of a small box of bones and the dried-up filthy fragments of a single cadaver. A few bottles of reagents constitute the chemical laboratory. A cold and rusty incubator, a single microscope, and a few unlabeled wet specimens, etc., form the so-called "equipment" for pathology and bacteriology . . . . The school is a disgrace to the state whose laws permit its existence.[25]

Although the head of Harvard Medical School's pathology department had predicted that Flexner would not, because of hometown loyalty, be able to bring himself to criticize the medical schools in Louisville -- Flexner had taught high school and later run his own preparatory school in that city -- Flexner wrote the following about the

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University of Louisville:

> The obstetrical ward is not open to students; there is no pavilion for contagious diseases. The hospital facilities are therefore poor in respect to both quality and extent: unequal to the fair teaching of an even smaller body of students, they are made to suffice for the largest school in the country.[26]

About Louisville's Southwestern Homeopathic Medical College he wrote, "there is no outfit worth speaking of in any department; the building is wretchedly dirty . . . . There is nothing to indicate recent dissecting."[27]

Nor was Flexner afraid to take on the nation's leading medical schools. About Harvard, among some favorable remarks, he wrote that "there is a noticeable lack of sympathy between the laboratory and the clinical men."[28] About Columbia's College of Physicians and Surgeons he wrote, "nowhere has the school rights; at Bellevue (municipal hospital), custom establishes a qualified security, liable, however, to be disregarded; elsewhere the basis is purely personal."[29]

Flexner apparently did not save his caustic remarks about schools until he wrote his report but occasionally offered them verbally during his inspections. This behavior, not surprisingly, sometimes got him into trouble, and shortly after he started his tour of medical schools, several reports reached the Carnegie Foundation that he was unstable, causing President Pritchett some concern. Pritchett wrote on one occasion to the Harvard pathologist

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who had predicted that Flexner would not be able to bring himself to criticize Louisville's medical schools:

> Before asking Mr. Abraham Flexner to begin work here in connection with th study of professional education, I consulted with a number of persons concerning his ability and character. Since he has begun work, however a number of criticisms have come to me about him, generally in the way of casting some doubt upon his judgement and indicating somewhat erratic tendencies. There also seems to have been something at Harvard which caused friction.[30]

And Pritchett also wrote that Flexner "impressed me as an able fellow, and on the testimony of his friends I had no question that he was a man of high character. Within the past few days, however, a good many criticisms have come to me concerning him, something to the effect that he is erratic and hard to get along with and somewhat uncertain in judgement."[31]

With all the features of American and Canadian medical schools that Flexner did not like, the question arises, what did he like? Flexner knew exactly what he liked, so far as medical education was concerned -- a school as much as possible like Johns Hopkins.[32] His devotion to Johns Hopkins, from which he had received a bachelor's degree after two years of attendance, was total. As late as 1930, in his Universities: American, English, German[33] he held up Johns Hopkins as an ideal, although Hopkins, by then, had certainly seen its best days. Flexner, in that book, probably gave Johns Hopkins too much credit for

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excellence and failed to give schools like Harvard and the leading state universities enough credit.[34] As clearly as he saw many of the problems of medical schools of his time, he was not always prescient about the future course of higher education. Writing in 1930, he asserted, "the political upheavals which occur in American universities are beyond imagining in Germany."[35]

After his 1910 Report, Flexner wrote several other comparative studies of universities. The first of these was Medical Education in Europe, published in 1912.[36] In this report, since Flexner's goal was to see what features of medical schools in several western European countries could profitably be adapted to American medical education, not to reform European medical education, he did not provide school by school descriptions. Instead, the entire book was an historical and descriptive essay on western European medical education in general, in which, Flexner said later, he was "simply trying to find out the principles upon which, in each of the main countries, medical education had been organized . . . ."[37] Perhaps because western European medical education was then generally superior to American medical education, perhaps because Flexner was a visitor to Europe and not writing about his own country, and perhaps because, as stated above, he was not trying to reform European medical education but to see which of its principles could be adapted to American

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medical education, his description of European medical education was far more favorable than his remarks about American medical schools had been. Since he did not provide school by school descriptions and recommendations for corrective action that should be taken, and because European medical schools were far older and more solidly established, and thus probably far harder to change, than their American counterparts, this book was not nearly as influential as his 1910 Report.

In 1925, he published Medical Education: A Comparative Study,[38] "a comparative study of medical education in certain European countries and America against the background afforded by the general educational and social systems of the respective countries."[39] In 1930, he published a book already mentioned, Universities: American, English, German.[40] Although after his 1910 Report Flexner himself never published another book that contained detailed, school by school descriptions, several other people did, in reports sponsored by both the Carnegie Foundation and other organizations. I will now briefly discuss three of these reports, two of them issued by the CFAT. All of them closely followed the Flexner Report in three ways:

1. they were based upon personal inspections of all the schools of a particular type, inspections made either by the author of the book or by a team of inspectors;

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2. they began with a long essay discussing the history and general present conditions of the type of school under consideration;

3. they contained -- after the essay on general conditions -- descriptions, organized state by state (and, in the case of reports that included Canada, province by province) of each school under consideration. These were not "essayistic" descriptions but presentations in textual form, rather than in charts and tables, of essentially the same factual information about each school.

At least two studies put out by the Carnegie Foundation for the Advancement of Teaching -- despite the fact that both of them were published more than 15 years after the Flexner Report -- followed the format of that study very closely. The first was William J. Gies' Dental Education in the United States and Canada (1926).[41] Even its title obviously imitated that of the Flexner Report, and CFAT President Pritchett described it as "an effort to do for dental education . . . the same service that the Foundation undertook to perform for medical education."[42]

After some 240 pages of detailed treatment of the history of dentistry, the history of dental education in the United States, and the organization and structure of

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contemporary dental education in the United States and Canada, Gies printed detailed, school by school descriptions of almost 50 dental schools in the United States and five in Canada, all of which he had personally visited at least twice and most of which he had visited several times. His descriptions were generally far longer than Flexner's, possibly because Gies was describing only about one-third as many schools, and they contained much more detailed statistical data, especially about these schools' finances and the backgrounds and characteristics of their students. Gies also reported, for each school, whether it had earned an A, B, or C classification from the Dental Educational Council. Gies' descriptions, even of the worst dental schools, were generally matter-of-fact, without the brutality of Flexner's comments. For instance, the Atlanta-Southern (Georgia) Dental College was a class B school that required absolutely no college work for admission, possessed a library of only 404 bound volumes, some 380 of them relating to dental subjects, and no unbound volumes or pamphlets at all for the use of a student body of about 300, resulting in a not terribly impressive ratio of about 1.3 books per student.[43] Furthermore, it was a proprietary school, owned by a stock company. Such a school would have driven Flexner to fury, but Gies, though he left no doubt, in his "summary" of this school, that he held it in low regard, described it dispassionately and

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without Flexner's vitriol, as the following quotation from Dental Education in the United States and Canada illustrates:

> The two buildings that the school has been occupying as a tenant are generally inadequate and the facilities deficient. The new main building and the annex for anatomy, with their improved equipment, will effectually remove these physical disabilities. Despite the age of the two schools from which Atlanta-Southern was evolved, the library contains only 404 volumes and has been inactive. In 1924-25, thirty-two of the thirty-four teachers were "professors," and the total amount of the salaries for instruction was only $38,313. Of this amount the eleven whole-time teachers received salaries ranging from $1800 to $3600. Although the attention of the Faculty has been confined to the undergraduate curriculum, high standards of instruction have not prevailed. During the years 1918-25, only nine students were required to repeat a course and only four students were dropped because of deficient scholarship, although throughout this period of eight years a high-school education or the equivalent was sufficient for admission, and the annual maximum attendance ranged between 222 and 384.[44]

Another Carnegie Foundation report that closely followed Flexner's Medical Education in the United States and Canada was Alfred Zantzinger Reed's Present-Day Law Schools in the United States and Canada (1928).[45] It, too, began with a detailed essay, some 400 pages long, which discussed the political and historical events that had shaped contemporary legal education in the U.S. and Canada, the present organization of legal education in these two countries, the length of time required to earn a law degree, and other topics. It then provided school by school descriptions of law schools in the United States

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and Canada, some 200 schools in all. All these descriptions were based upon Reed's personal inspections. About 15 years earlier, in connection with another CFAT study then in progress, Reed had visited all the U.S. law schools then in existence, and in 1924, in preparation for Present-Day Law Schools . . ., he visited the ten Canadian law schools.[46]

Although Reed's book contained more material than did the Flexner Report and Gies' book on the history, organization, and present general condition of the schools it discussed, it contained by far the shortest sections on individual law schools. Whereas Gies' descriptions of dental schools, counting both his textual and tabular material, generally ran to a few densely packed pages and more than 1500 words -- his discussion of Columbia University's School of Dental and Oral Surgery was almost 10 pages long and ran to some 4000 words -- Reed went to the opposite extreme.

His sections about each school provided only the most basic facts about it -- its annual fees, the year it had opened, its income, admission requirements, the size of faculty, and so on, with very little information, other than what could be inferred from these bare facts, about these schools' "quality." And unlike Flexner and Gies, who generally discussed, after the description of each school in a state, the medical and dental education of that

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state as a whole, Reed did not provide any such discussion. While none of the three Carnegie Foundation reports, then, ranked schools or even stratified them into levels according to "quality," Gies probably went the farthest in that direction, publishing the letter classifications of the Dental Educational Council and furnishing very detailed information about each school; Flexner went next farthest in this direction; and Reed, although he wrote an especially long essay on the general condition of legal education at the front of his book, offered by far the least information on individual schools and the least data from which one could draw inferences about their respective "quality."

But perhaps the most remarkable successor to the Flexner Report of 1910 was not sponsored by the Carnegie Foundation at all. It was the massive two-volume work, published by the United States Bureau of Education and financed partly by the Phelps-Stokes Fund, a New York state philanthropic organization, titled Negro Education: A Study of the Private and Higher Schools for Colored People in the United States (1917).[47] This work was produced, over three years, by a large staff of researchers, headed by Thomas Jesse Jones, a white man who held a Ph.D. in sociology from Columbia University and who had worked for eight years in the research department of Hampton Institute, a college-level school for blacks in Virginia.

Volume I of this study described the general condi-

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dition of education for blacks in the South -- its history, organization, financing, control, physical facilities, the help provided, over the years, by various philanthropic organizations, and so on. Volume II contained descriptions, arranged state by state and school by school, of "all private schools for colored people, whether elementary or higher . . . [and] all schools above the elementary grades, whether public or private."[48] The report described, in all, 747 schools, "of which 625 [were] private schools, 28 state institutions, 67 public high schools, and 27 county training schools."[49] Incredibly, "every school reported upon was visited by one or more of [the U.S. Bureau of Education's] agents, and the larger schools were studied by specialists in different types of education."[50]

This massive second volume, more than 700 pages long, contained a brief description of each black college, high school, and private elementary school. Descriptions of each elementary and secondary school were generally short, from 100-300 words long, covering such subjects as its number of teachers and students, its curriculum, physical plant, income, and expenses, followed, at the end, by recommendations for improving the school. In their length, content, and matter-of-fact tone, these descriptions were not very different from Reed's descriptions of law schools.

The vignettes of college-level institutions, though,

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were generally much longer than those of lower schools. The one for Tuskegee Normal and Industrial Institute, for example, ran to some 1500 words. These descriptions provided the same information as those for the lower level schools, but in more detail, especially concerning the institutions' curriculum and courses of study.

This work, covering, as it did, 747 schools and running to more than 1100 pages, was perhaps the most massive study ever done that employed the general format of the Flexner Report of 1910. Like that report and the other studies considered in this paper, it did not rank or attempt to stratify by quality the schools it covered. Still, like the other reports, it is worth discussing here because of the large amount of information it provided from which inferences about the academic quality of these institutions might be drawn.

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NOTES

[1]Abraham Flexner, Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, Bulletin no. 4 (Boston: D.B. Updike, the Merrymount Press), 1910.

[2]For some opinions along these lines, see those quoted in H. David Banta, "Abraham Flexner -- a Reappraisal," Social Science & Medicine, vol. 5, no. 6, December, 1971, p. 655 and in Howard S. Berliner, "A Larger Perspective on the Flexner Report," International Journal of Health Services, vol. 5, no. 4, winter, 1975, pp. 573-574.

[3]For a good, concise summary of these pre-Flexnerian reforms of American medical education, see Saul Jarcho, "Medical Education in the United States -- 1910-1956," Journal of the Mount Sinai Hospital, vol. 26, no. 4, July-August, 1959, pp. 339-340.

[4]Flexner, Medical Education in the United States and Canada, ibid., pp. 11-12.

[5]E. Richard Brown, Rockefeller Medicine Men: Medicine and Capitalism in America (Berkeley: U. of California Press), 1979, p. 154.

[6]Berliner, ibid., p. 589. This article was unfair to Flexner in implying that he wished to restrict medical school entry only to those "who could afford" college and medical school. The Flexner Report of 1910 made it clear that Flexner wanted medical school admission to be based on intellectual ability, not affluence.

[7]Reuben A. Kessel, "Price Discrimination in Medicine," in R.H. Coase and Merton H. Miller, (ed. by), Essays in Applied Price Theory by Reuben A. Kessel (Chicago: U. of Chicago Press), 1980, p. 11. It has sometimes been argued that the Flexner Report, influential as it undoubtedly was, has received too much credit for changing the shape of American medical education, and that the work of the American Medical Association's Council on Medical Education, which for 75 years has painstakingly studied and issued reports on American medical education, has received too little. There is some merit in this argument. No professional association connected with any professional field or arts and science discipline has done as much work, or has served to upgrade the quality of education in its field so much as has the Council on Medical Education. Perhaps one reason why its cumulative work has

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received less credit than the Flexner Report is that, although the Council on Medical Education has issued large numbers of reports over the years, not one of them was so influential, by itself, as the Flexner Report. Another is that the Flexner Report, unlike most of the work of the Council of Medical Education, was intended for the general public and was widely discussed, after it was published, on the front pages and in the editorial sections of the nation's newspapers, unlike most of the work of the Council on Medical Education. (Much of the material in this note was provided by Dr. William P. Longmire, Jr. in a personal communication, March 20, 1981).

[8]Flexner himself told the story in his autobiography, I Remember (New York: Simon and Schuster), 1940, pp. 113-132 and then again, in almost exactly the same words, in the expanded and slightly revised version of his autobiography published 20 years later, Abraham Flexner: An Autobiography (New York: Simon and Schuster), 1960, pp. 73-88. A good, though now dated, study of the Flexner Report and its influence is by Saul Jarcho, ibid., pp. 339-385 (see especially pp. 339-352). Good, more recent treatments of the Flexner Report and its influence are Carleton B. Chapman's "The Flexner Report by Abraham Flexner," Daedalus, vol. 103, no. 1, winter, 1963, pp. 105-117 and Martin Kaufman, American Medical Education: The Formative Years, 1765-1910 (Westport, Connecticut: Greenwood Press), 1976, pp. 167-175.

[9]Berliner, ibid., p. 587.

[10]"It will, however, be urged by weak schools that the fact that an institution is ill manned and poorly equipped is inconclusive; that in the time devoted to the examination of a single school it is impossible to do it justice . . . . In my opinion the objection is without force. A trained observer of wide experience can go directly to the heart of a problem of this character. The spirit, ideals, and facilities of a professional or technical school can be quickly grasped" (Pritchett, "Introduction" to the Flexner Report of 1910, ibid., p. xiii).

[11]In selecting some of the subjects he covered in this essay Flexner was influenced by Theodor Billroth's classic work on medical education in Germany, . . . Lehren und Lernen der medicinischen Wissenschaften . . ., (Vienna: Carl Gerold's Sohn), 1876. Years later, the General Education Board financed its translation into English, and it was published as The Medical Sciences in the German Universities (New York: Macmillan Co.,), 1924.

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[12]True B. Eveleth, "Osteopathic Education," in Lloyd E. Blauch (organized and ed. by), Accreditation in Higher Education (Washington, D.C.: Government Printing Office), 1959, p. 174.

[13]Work on the quality of medical schools has probably included every American medical school, or at least a large percentage of American medical schools, more often than the studies of any other professional field or academic discipline have included most or all of the schools in their discipline. In addition to the Flexner Report and the early work of the Council on Medical Education, a recent study which ranks every single medical school approved by the American Medical Association is Jonathan R. Cole and James A. Lipton's "The Reputations of American Medical Schools," Social Forces, vol. 55, no. 3, March, 1977, pp. 662-684. Perhaps the reason why surveys of medical schools "cover" all or most of them more than studies of other fields cover all the schools in their discipline, is because in recent years there have been relatively few medical schools -- at present, for example, there are only about 130 -- fewer than the number of Ph.D.-granting departments in many arts and science disciplines. (In 1910, though, when Flexner's Report was published, there were 147 medical schools in America, far more than the number of Ph.D.-granting departments in any arts and science discipline at the time). Perhaps it is because more seems to be at stake in medical school education than in any other field. Incompetent doctors and inadequate medical schools can probably cause far more serious damage than, say, incompetent historians or philosophers and inadequate history or philosophy departments, so it is all the more important not just to rank the most-esteemed departments but to identify and then either improve or shut down the worst ones. Another related factor is that medical doctors ordinarily work for employers far less knowledgeable than the employers of historians and philosophers. Doctors are often employed by patients, while most historians and philosophers are employed by college and university history and philosophy departments. Because those who often "employ" doctors are less knowledgeable, less able to protect themselves, than the customary employers of historians or philosophers, it can be argued that special protection must be given to them, and one way to do this is through the identification of the poorest medical schools so they can be cautious about being treated by physicians who have attended these schools.

[14]Flexner, I Remember, ibid., p. 120.

[15]Ironically, Flexner, who excoriated the faculty mem-

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bers at many of the medical schools he visited for not possessing the proper formal qualifications for their positions, scarcely had any formal qualifications for his task as assessor of American and Canadian medical schools when he was appointed to do his study. As Kessel has pointed out, "Flexner was neither a physician nor a scientist, and had no qualifications as a medical educator. He had an undergraduate degree in arts from Johns Hopkins and had operated a small, private, and apparently profitable preparatory school in Louisville for fifteen years. It is unlikely, if not inconceivable, that he would have been accepted in a court of law as an expert witness in the field of medical education before he undertook his study" (Reuben A. Kessel, "The A.M.A. and the Supply of Physicians," in R.H. Coase and Merton H. Miller (ed. by), ibid., p. 39.

[16]Flexner, I Remember, ibid., p. 121.

[17]ibid., p. 218.

[18]The Carnegie Foundation for the Advancement of Teaching also placed a great amount of emphasis on entrance requirements, as we have seen, in its work on deciding which colleges and universities to accept into its pension program. One may wonder why medical school officials so readily made information available to Flexner about their nominal and actual entrance requirements and their financial status, since they were under no obligation to do so. One reason is because many of them believed that, since Andrew Carnegie had once made a gift to a medical school in Atlanta, when their own school's inadequacies were revealed, the CFAT might give them a huge grant to set things right (see Flexner, I Remember, ibid., pp. 121-122).

[19]Flexner, I Remember, ibid., p. 120.

[20]About Johns Hopkins, for example, Flexner's consideration of faculty research was limited to the following: "all the laboratory teaching is conducted by instructors who give their entire time to teaching and research . . . ." (Medical Education in the United States and Canada, ibid., p. 234). On the subject of research at Western Reserve, he referred only to the school's "excellent laboratories, in which teaching and research are both vigorously prosecuted . . . ." (p. 285).

[21]This point has been made by Kessel. Describing Flexner's Report of 1910, he wrote, "there was no attempt to evaluate the outputs of medical schools; there was no investigation of what their graduates could or could

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not do" (See Kessel, ibid., pp. 38-39). One of the major difficulties of academic quality ranking studies or of studies like Flexner's which seek to assess the quality of schools, even though they don't stratify or "rank" them, is that one of the best ways to determine the quality of any teaching institution is probably to measure how much it teaches its students and how well, using the knowledge they have learned there, they fare in later life. But these "output" measures, as they are called today, require years or decades before the necessary data are available. Someone doing a study, as Flexner did, in about two years' time, clearly could not collect his own information on "output" measures such as how much the schools' graduates knew about medicine five years after they had graduated or about the quality of medical treatment they provided, as physicians, in later life. If the schools had collected their own information on this subject, Flexner could have used that, but collecting detailed information on alumni was not something that schools in that era, especially the marginal schools that Flexner was most eager to close, were likely to do.

[22]Flexner, Medical Education in the United States and Canada, ibid., p. 256.

[23]Jarcho, ibid., un-numbered footnote, p. 342.

[24]Flexner, Medical Education in the United States and Canada, ibid., p. 223.

[25]ibid., p. 190.

[26]ibid., p. 229.

[27]ibid., p. 230. In light of Flexner's long career as a severe critic of American colleges, universities, and medical schools, a story he chose to tell almost at the beginning of his autobiography is worth recounting. Flexner, when in high school, had complained to his father of the injustice of one of his teachers. The next day his father accompanied him to school, went with the young Flexner to the office of the principal, and said to the principal in Flexner's presence, "My son has complained to me of what he regards as the injustice of one of his teachers. I should like you and all his teachers to know that if any question arises between my son and his teachers I shall always regard his teachers as being in the right" (See Flexner, I Remember, ibid., pp. 7-8). Flexner recounted this incident, in later life, with obvious approval of his father's behavior (". . . it shows a strain of common sense capable of very wide application"), in I

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Remember, ibid., p. 8. Coming from the pen of a man who for decades sharply criticized American institutions of higher learning and who invariably regarded himself, not the instructors or administrators of these schools, as being "in the right," it is a remarkable anecdote to virtually lead off Flexner's autobiography.

[28]Flexner, Medical Education in the United States and Canada, ibid., p. 240.

[29]ibid., p. 268.

[30]Quoted in Howard S. Berliner, "New Light on the Flexner Report: Notes on the AMA-Carnegie Foundation Background," Bulletin of the History of Medicine, vol. 51, no. 4, winter, 1977, p. 608.

[31]Berliner, ibid., p. 608.

[32]As he wrote in his autobiography, concerning his visit to Johns Hopkins before beginning to write his 1910 Report, it was "a small but ideal medical school embodying in a novel way, adapted to American conditions, the best features of medical education in England, France, and Germany. Without this pattern in the back of my mind, I could have accomplished little" (Flexner, I Remember, ibid., p. 115). Interestingly enough, although he wanted to impose the Johns Hopkins model on American medical schools and to close down most of them -- he recommended that the 155 existing medical schools in the United States and Canada should be reduced to 31 -- he was much more pluralistic and laissez-faire, at least in later life, about America's small colleges, not wanting to impose any particular model upon them. In his autobiography, he wrote that "a country as large and varied as the United States, whose colleges were mainly local in their appeal -- and still are -- requires a very large number of small institutions quite as much as it requires a relatively small number of large ones . . . . It would be a great pity to standardize the small colleges for needs and opportunities vary" (I Remember, ibid., pp. 236-237). This statement was at odds with the philosophy of both the General Education Board and the CFAT, two organizations for which Flexner worked, both of which were reluctant to aid America's small colleges before they met fairly stringent educational and financial standards.

[33]Abraham Flexner, Universities: American, English, German (New York: Oxford U. Press), 1968.

[34]Clark Kerr made these points in his introductory

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essay, "Remembering Flexner," in Flexner's Universities: American, English, German, ibid., pp. xvii-xviii. It has been argued recently that Flexner's devotion to the model of Johns Hopkins medical school resulted in a medical school curriculum based almost exclusively on the scientific disciplines, to the neglect of the social sciences, community medicine, family care, and what has been called "holistic medicine." (The information in this footnote was provided by Dr. William P. Longmire, Jr. in a personal communication, March 20, 1981).

[35]Flexner, Universities . . . , ibid., footnote 29, p. 348.

[36]Abraham Flexner, Medical Education in Europe: A Report to the Carnegie Foundation for the Advancement of Teaching, Bulletin no. 6 (Boston: D.B. Updike, the Merrymount Press), 1912.

[37]Flexner, I Remember, ibid., p. 136.

[38]Abraham Flexner, Medical Education: A Comparative Study (New York: Macmillan Co.), 1925.

[39]ibid., p. vii.

[40]Flexner's celebrity in America stems from his studies of colleges and universities, especially his 1910 Report. But in Europe, despite the fact that he wrote often about European medical schools and universities -- for example, in the books published in 1912, 1925, and 1930 mentioned above -- today he is best remembered not for any of these works but for a study that is not well-known in America, Prostitution in Europe (New York: Century Co.), 1914, which after 1914 was published in Europe in both French and German.

[41]William J. Gies, Dental Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, Bulletin no. 19 (Boston: D.B. Updike, the Merrymount Press), 1926.

[42]Pritchett, "Preface" to Gies, ibid., p. xv.

[43]Gies, ibid., pp. 310-311.

[44]ibid., p. 314.

[45]Alfred Zantzinger Reed, Present-Day Law Schools in the United States and Canada, Carnegie Foundation for the Advancement of Teaching Bulletin no. 21 (Boston: D.B.

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Updike, the Merrymount Press), 1928.

[46]Henry S. Pritchett, "Preface" to Reed, ibid., p. xii.

[47]United States Bureau of Education, Negro Education: A Study of the Private and Higher Schools for Colored People in the United States, two volumes, Bulletin 1916, nos. 38 and 39 (Washington: Government Printing Office), 1917.

[48]Negro Education, ibid., vol. II, p. 2. One reason why the report "covered" all private elementary schools and not all public ones was, of course, that there were far fewer private elementary schools. Another reason was that a major purpose of this study was to inform would-be philanthropists, both individuals and organizations, about which private southern schools for blacks, of the many then actively soliciting contributions, were worthy of their contributions. (On this point, see Negro Education, ibid., vol. I, p. xii).

[49]Negro Education, ibid., vol. II, p. 2.

[50]P.P. Claxton, "Letter of Transmittal," in Negro Education, ibid., vol. I, p. ix.

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